PARTNERSHIP, ASSOCIATION, LIMITED PARTNERSHIP, REGISTERED LIMITED PARTNERSHIP, REGISTERED LIMITED LIABILITY COMPANY OR CORPORATION

W.S. § 16-6-101(a)(i)(B)

AFFIDAVIT:				
State of				
County of				
KNOW ALL MEN BY	THESE PRESENTS:			
ТНАТ				
Name of	Partnership, Association, I red Limited Liability Comp	Limited Partnership, Reg		
doing business as				
c		Name of DBA		
of	Wyoming Busine	ess <u>Street</u> Address		
City of	County of	State of	f	
with a mailing address of	Address	City/State/Zip	Tel	ephone Number
registered limited partnership, i (1) year or more immediately properties. Please Indicate Type of Business	rior to bidding upon the co			
• •	Construction Alte	eration Repair		
	rtify resident suppliers or co	onsultants.		
Note: This office does not cer LIST ALL PARTNERS, I LIMITED PARTNERSHIP,	MEMBERS OR SHAREI REGISTERED LIMITE	HOLDERS OF THE P D PARTNERSHIP, RI	EGISTERED	LIMITED LIABILITY
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